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Bib Data Sheet

CONFIRMATION NO. 8701

<b>SERIAL NUMBER</b> 10/019,563	<b>FILING DATE</b> 07/01/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> JM-050 CON	
<b>APPLICANTS</b> Jan Otto Solem, Stetten, SWITZERLAND; Per Ola Kimblad, Lund, SWEDEN; <i>[Signature]</i>					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE00/01369 06/28/2000 <i>[Signature]</i>					
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9902455-6 06/29/1999 <i>[Signature]</i> <b>NOT RECORDED</b> 8/9/05					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>[Signature]</i> Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> NICOLA A. PISANO, ESQ. FISH & NEAVE 1251 AVENUE OF THE AMERICAS NEW YORK, NY 10020					
<b>TITLE</b> Device and method for treatment of mitral insufficiency					
<b>FILING FEE RECEIVED</b> 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		